

STATEMENT OF FINANCIAL **RESPONSIBILITY**

INTERNATIONAL STUDENT

Office of Admissions, Corban University phone 1-503-585-8600 | fax 1-503-585-4316 email admissions@corban.edu | website www.corban.edu

Corban requires all international students to provide certification of adequate financial support for their education at Corban. An Immigration and Naturalization Services I-20 will not be released until you have been accepted for admission, paid the the \$500 deposit, and submitted this form.

Estimated Costs for 2020–2021					
Tuition & Fees Room & Board Estimated Student Health Insurance (mandatory, cost may vary)	\$34,188 \$10,470 \$3,000	include s child the	*Note: Students who have F-2 dependents must include \$10,000 for a spouse and \$5,000 for each child that they will bring to the United States. In addition, consider \$1,000 for books and supplies.		
Total Estimated Cost	\$47,658				
IMPORTANT: Give all monetary figures in U	J.S. dollars. All documer	nts should be offic	cially translated	into English, if necessary.	
First name Mide	dle name	Last/Fa	amily name		
Requirements and Guidelines:					
 Student's information and signature Sponsor's information and signature Bank Statement/Certificate of Balan cost of education (see chart above) University, that amount may be subtrather emaining portion. Bank statement estate holdings or other non-liquid and 	re are completed. Ince is included and sh Ince is included and sh Ince I is included as Ince I is ince I ince I is ince I ince I is ince I i	tudent has been nnual cost, and t sued within three	offered a schol the sponsor ma	larship from Corban ry confirm support for	
At least six weeks before your arrival tuition, room, board and fees for your	_			% or more of your	
Mark the specific sources of funds y	ou will rely on to st	udy at Corban:	:		
Personal or family savings (enclose	e certified copy of family's b	ank statement(s))			
Name of bank			Amount on de	eposit	
Person(s) from whom you will rece	eive funds				
Sponsor/guarantor first name	uarantor first name Last name		Relationship to student		
Address		City	State	Country	
				Continue on back >>	

	Amount of financial support fo	or first year at Cori	oan \$					
	Amount of financial support projected for continued education at Corban \$							
	Sponsor/guarantor signature			Date				
	Person(s) from whom you will recei	ve funds						
	Sponsor/guarantor first name	Last name		Relationship	to student			
	Address		City	State	Country			
	Amount of financial support fo	or first year at Corl	ban \$					
	Amount of financial support projected for continued education at Corban \$							
	I (we) certify that I (we) have read the information furnished on this form, and that it is true and accurate, and that the funds are available as stated and will be provided as indicated.							
	Sponsor/guarantor signature			Date				
	Other (give details and provide appropriate documentation)							
	y that the statements on this forn d to cover the cost of my Corban		complete, an	d that I have the f	inancial support			
Signatu	re of applicant			Date				